# DISEASE ACCEPTANCE, BUT NOT PERCEIVED CONTROL, IS UNIQUELY ASSOCIATED WITH INFLAMMATORY BOWEL DISEASE-RELATED DISABILITY

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**Disease acceptance is more strongly associated with IBD-related disability than demographic and clinical characteristics, particularly in patients in remission, while perceived control shows no significant association.**

## KEY POINTS

- In 1250 Belgian IBD patients, disease acceptance was the strongest predictor of disability (β=-.43, p<.001), explaining more variance (37% vs 19%) than a model with nine demographic and clinical variables including age, sex, disease type, smoking, education, disease duration, medications, and surgery history.
- The association between disease acceptance and disability was stronger in patients in remission (β=-.46) than in those with active disease (β=-.28), with acceptance explaining substantially more variance in the remission group.
- Perceived control had no significant association with disability in any analysis when disease acceptance was included in the model.
- Other factors significantly associated with disability included female sex, Crohn's disease, current smoking, current steroid use, higher number of medication types ever used, previous bowel surgery, and lower education level.
- The findings suggest disease acceptance may be a potential treatment target to improve IBD-related disability and warrant further research in this area.

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